



Home Sweet Home New Partner Questionnaire

Please complete this questionnaire in its entirety. This is not intended to be a cumbersome process; we simply are seeking information on new partners. Please submit form and supporting documentation to sarah@uwill.org.

GENERAL INFORMATION

Organization Name:			
Address, City, State, Zip:			
Phone Number:		EIN #	
Website:			
Contact Name & Title:			
Contact Email:		Contact Phone:	
Organization Mission Statement:			

PROGRAM INFORMATION

Describe your organization's objectives, programs, and clients served:	
What are the geographic boundaries of your organization's local service area?	



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<p>Please share how the Home Sweet Home program will enhance your current programs or benefit your clients:</p>	
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<p>Does your organization accept "walk-in" clients, on an as needed basis? Or must clients enroll in a formal program? <i>Please note, your response will not impact your eligibility to participate in the Home Sweet Home program.</i></p>	
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Should you become an approved program partner:

Do you have the ability to track client/recipient demographic information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you accept walk-in clients, would United Way of Will County be able to refer clients directly to your organization for item fulfillments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

FINANCIAL INFORMATION

Is your organization audited:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the audit:	<input type="checkbox"/> Internal <input type="checkbox"/> External
How often is the audit performed?	
Date of last audit:	
Name of auditor:	
Does the IRS recognize charitable contributions to your organization as tax deductible?	<input type="checkbox"/> Yes* <input type="checkbox"/> No <small>*If yes, please provide copy of 501c3 determination letter</small>
If applicable, please include the most recent copy of your IRS 990 or 990-EZ AND a copy of your IL-AG990.	

SUPPORTING DOCUMENTATION REQUIRED: Copy of 501c3 paperwork

Internal Use Only

Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notification: _____	Eligibility Month: _____	
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